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** CONTINUING DATA *****
 This application is a CON of PCT/IN03/00406 12/29/2003
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** FOREIGN APPLICATIONS ***** *None*
SL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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TITLE
 Herbal composition for gastrointestinal disorders

FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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